

## PART B - FEE(S) TRANSMITTAL

MAY 18 2004

Complete and send this form, together with applicable fee(s), to: Mail

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7590 04/19/2004

Terence P. O'Brien  
 Wilson Sporting Goods Co.  
 8700 W. Bryn Mawr Avenue  
 Chicago, IL 60631

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Terence P. O'Brien	(Depositor's name)
Terence P. O'Brien	(Signature)
18 May 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/649,184	08/27/2003	Brian A. Sullivan	WT0140	5255

TITLE OF INVENTION: BALL GLOVE WITH REINFORCED FINGER STALLS AND A WRIST PANEL WITH SPACED-APART PADDING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/19/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WELCH GARY L	3765	002-019000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Terence P. O'Brien2. \_\_\_\_\_  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wilson Sporting Goods Co.

Chicago, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies \_\_\_\_\_ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 501957 (enclose an extra copy of this form).

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(Authorized Signature) <i>Terence P. O'Brien</i>	(Date)
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